## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                             |               |                  |   |                                |  |
|---|---|-----------------------------|---------------|------------------|---|--------------------------------|--|
|   | Sabatini, Anthony, , ,  |                             |               |                  |   |                                |  |
|   | (b) Address (number and street)<br>1172 S Grand Hwy<br>Ste #2   | ☐ Check if address changed  |               |                  | Candidate's FEC Identification Number     H2FL11117 |                                |  |
|   | (c) City, State, and ZIP Code   |                             |               |                  | 3. Is This  | lew Amended                    |  |
|   | Clermont  | FL                          | 3471          | 1                | Statement (f  | N) OR (A)                      |  |
| 4.  | Party Affiliation   | 5. Office Sought            |               | 6. State & Distr | rict of Candidate                                   |                                |  |
|   | REPUBLICAN PARTY  | House                       |               | FL               | 07  |                                |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                             |               |                  |   |                                |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) |                             |               |                  |   |                                |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                |                             |               |                  |   |                                |  |
| (a) Name of Committee (in full)  SABATINI FOR CONGRESS  |   |                             |               |                  |   |                                |  |
|   | (b) Address (number and street)   |                             |               |                  |   |                                |  |
|   | 1172 S GRAND HWY<br>STE #2  |                             |               |                  |   |                                |  |
|   | (c) City, State, and ZIP Code   |                             |               |                  |   |                                |  |
|   | CLERMONT  |                             |               | FL               | 34711   |                                |  |
|   |   |                             |               |                  |   |                                |  |
|   | DE  | SIGNATION OF OTI            | HER AU1       | THORIZED         | COMMITTEES  |                                |  |
| (Including Joint Fundraising Representatives)   |   |                             |               |                  |   |                                |  |
| 8.  | I hereby authorize the following name candidacy.  | ned committee, which is NOT | Γ my principa | al campaign com  | nmittee, to receive and ex                          | xpend funds on behalf of my    |  |
|   | NOTE: This designation should be filed with the principal campaign committee.   |                             |               |                  |   |                                |  |
|   | (a) Name of Committee (in full)   |                             |               |                  |   |                                |  |
|   |   |                             |               |                  |   |                                |  |
|   | /b \  |                             |               |                  |   |                                |  |
|   | (b) Address (number and street)   |                             |               |                  |   |                                |  |
|   |   |                             |               |                  |   |                                |  |
|   | (c) City, State, and ZIP Code   |                             |               |                  |   |                                |  |
|   |   |                             |               |                  |   |                                |  |
|   |   |                             |               |                  |   |                                |  |
|   | I certify that I have exa   | mined this Statement and to | the best of I | my knowledge al  | nd belief it is true, correc                        | t and complete.                |  |
| Si  | gnature of Candidate  |                             |               |                  | Date  |                                |  |
|   |   |                             |               |                  | Date  |                                |  |
| Sa  | ıbatini, Anthony, , ,   |                             | [Elect        | ronically Filed] | 06/07/2021  |                                |  |
|   |   |                             |               |                  |   |                                |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. |   |                             |               |                  |   |                                |  |
|   | JIE. Gabiniosion of laise, erronedas,   | ,                           |               |                  |   | ee e. <u>= e.e.e.</u> 3 .e. g. |  |
|   | J.E. Gasinission of false, entineeds,   | ,                           |               |                  |   |                                |  |
|   | J. E. Gustiliosidi di lalce, circinoda,   |                             |               |                  |   |                                |  |

FEC FORM 2 (REV. 02/2009)